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ABSTRACT

Focus group interviews were conducted during the 1999 Spring semester at a midsized southern university to explore student opinions regarding binge drinking prevention messages and intervention components of the TSN (Tailored to Stages and Norms) program. Subjects included 35 undergraduate students participating in 6 focus group sessions, with group size ranging from 4 to 7 students. All focus groups were audiotaped and led by a trained moderator following a standardized set of questions while an assistant documented group feedback. Results showed several themes regarding the phrasing of the prevention messages, communication methods, utilization of incentives, and effectiveness of health care provider participation in the intervention. Appropriate modifications were made to improve program feasibility, acceptability, and potential effectiveness of the binge drinking intervention for college students. Implications for conducting focus groups to strengthen program components are discussed. (Contains 12 references.) (Author/SM)

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Use of Focus Groups to Enhance a College Binge Drinking Prevention Program

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Abstract

Focus group interviews were conducted during the 1999 Spring Semester at a midsized Southern university to explore student opinions regarding binge drinking prevention messages and intervention components of the TSN (Tailored to Stages and Norms) Program. Subjects included 35 undergraduate students participating in 6 focus group sessions, with group size ranging from 4-7 students. All focus groups were audiotaped and led by a trained moderator following a standardized set of questions while an assistant documented group feedback. Results showed several themes regarding the phrasing of the prevention messages, communication methods, utilization of incentives, and effectiveness of health care provider participation in the intervention. Appropriate modifications were made to improve program feasibility, acceptability, and potential effectiveness of the binge drinking prevention intervention for college students. Implications for conducting focus groups to strengthen program components are discussed.

Statement of the problem

Heavy alcohol consumption among college students has been widely documented in literature. Results of the 1993 Harvard School of Public Health Alcohol Study found that 44% of college students were binge drinkers (Wechsler et al, 1994), with binge drinking defined as five or more drinks in a row for men and four or more drinks in a row for women. A follow-up to this survey was conducted in 1997 and results concluded little change in the percentage of college students who reported binge drinking (Wechsler et al, 1998).

Other national surveys have also revealed heavy consumption of alcohol among college students. According to results from the 1995 National College Health Risk Behavior Survey, approximately one-third of students reported heavy episodic drinking (Douglas et al., 1997). In this study, heavy drinking was classified as consuming five or more drinks of alcohol on at least one occasion during the 30 days proceeding the survey.

College students who binge drink are at greater risk of experiencing negative health consequences and other serious problems related to heavy alcohol use, including unsafe sexual practices, alcohol-related accidents and injuries, and academic problems (Canterbury, Grossman, & Lloyd, 1993; Wechsler et al., 1994; Wechsler et al., 1995; Douglas et al., 1997). In addition, there has been an increase in the number of arrests for violations related to drug and alcohol laws on college campuses across the nation (Nicklin, 1999).

Review of Literature

Reducing the incidence of binge drinking among college students remains an area of concern among professionals in both the health field and in the academic setting. Changing the perception of the norm in relation to heavy drinking is one strategy that has been applied in a number of interventions. During a five-year study conducted at Northern Illinois University by Haines and Spear (1996), a media campaign was designed to change student perceptions of heavy alcohol consumption. Results from this campaign revealed an 18.5% decrease in the

number of students who perceived binge drinking as the norm. The findings from this study suggest that changing college students' perceptions of drinking norms may be an effective strategy in reducing the percentage of students who engage in heavy episodic drinking.

Focus group interviews have been conducted to provide important qualitative data to help in learning more about young adults' perceptions regarding heavy alcohol consumption. In a study reported by Ziervogel et al. (1997-98), focus group interviews were conducted with tenth grade male high-school students in South Africa to examine characteristics of binge drinking adolescents in comparison with those who did not engage in this behavior. From the six focus group interviews, important differences emerged between binge drinkers and non-binge drinkers in terms of attitudes, subjective norms, moral obligation, perceived behavioral control, and self-identity.

In another study by Rapaport et al. (1999), twelve focus group interviews were quickly conducted with college students at a Midwestern university to better understand their perceptions of alcohol use and how to address problems associated with alcohol use on campus. Outcomes of these focus group interviews revealed several themes related to a variety of issues, including the social factors that motivate students to drink and suggestions for developing alcohol education programs on campus. The authors of this study report that qualitative information obtained from the focus groups along with additional quantitative data is currently being incorporated into ongoing alcohol education presentations and workshops on that campus in attempt to improve the potential effectiveness of these programs.

Significance of this study

The TSN Program (Tailored to Stages and Norms) is a two-year multi-component binge drinking prevention program for college students. Over 600 freshmen living on campus at a Southern university are participating in this program in which they have been randomly assigned to an intervention or control group. One qualitative component of the TSN program involved the

use of focus group interviews in effort to gain insight from college students regarding the content and delivery of the binge drinking prevention messages and intervention materials used in this program. This paper will summarize the findings from these focus group interviews and offer suggestions for using focus groups to enhance components of a college binge drinking prevention program.

Research Methods

Subjects

A total of 35 undergraduate students were recruited to participate in six focus group sessions that were conducted between January and February of 1999. Group size ranged from 4-7 students, with a mean of 6 students per group. This was a nonprobability sample that utilized convenience sampling and the grab sampling method to recruit subjects on campus. Because the original TSN survey was administered to freshmen students living in dormitories on campus, all freshmen living on campus were excluded from participation in the focus group sessions.

The majority of focus group participants were white students in their junior and senior year, between the ages of 21 - 24. One freshman was permitted to participate after determining that this individual was not a subject in the original TSN survey. Most of the subjects lived off campus, were not members of a fraternity or sorority in the Greek System, and had not participated in previous alcohol education programs over the past year. A summary of the information obtained from a 9-item demographic questionnaire completed by all focus group participants can be found in Table 1.

Table 2 summarizes participants' responses to questions related to their own drinking behaviors. When asked to choose a statement that best described their current drinking status, over half of the students replied that they did not drink heavily and were not thinking about starting. In response to the question asking how many times they had engaged in heavy drinking over the two weeks prior to the survey, the majority indicated they had not engaged in any heavy

drinking episodes during that time frame. Heavy drinking was defined to the students as 5 or more drinks in a row for men and 4 or more in a row for women.

Procedures

Attempts were made to recruit approximately 6 students for each focus group session. Both morning and afternoon interviews were scheduled to help accommodate students' class and work schedules. Incentives in the form of money and food were offered in effort to recruit students to attend the one-hour focus group interviews that were held on campus.

A protocol was followed in each of the one-hour focus group sessions led by a moderator and an assistant. At the beginning of each focus group, subjects were asked to sign a confidentiality agreement and complete a 9-item multiple choice questionnaire as previously described in Tables 1 and 2. The moderator then gave all subjects a brief overview of the purpose of the focus group interview in relation to the binge drinking prevention intervention.

Prior to beginning the discussion, participants were asked to review copies of the three greeting cards and other materials that were used in the TSN Program. In effort to elicit group response, the moderator followed a standard set of questions (21-total items) that was previously developed by program staff members. Of the 21 questions, nine were directly related to the greeting card messages, four questions were related specifically to the use of incentives, two questions dealt with peer intervention, and six questions were directed toward health care provider participation in the intervention.

Subjects were encouraged to share any of their comments, suggestions, and ideas throughout the entire session. The moderator probed to ensure that all students had the opportunity to answer each question, and efforts were made to ask participants to further elaborate on responses that were unclear. Group feedback was documented by handwritten notes taken by the assistant and audiotaped using a standard tape recorder.

Data Analysis

The moderator reviewed the handwritten notes taken by the assistant and then transcribed the audiotapes of each of the six focus group sessions word-for word. After completion of this process, the moderator thoroughly reviewed the transcripts and handwritten notes to look for themes that had emerged from the six focus group interviews. Commonly used words and phrases and similar ideas expressed by the participants were summarized into one condensed transcript. The methods used in this process were based on qualitative techniques used for focus group analysis applied by Krueger (1994, 1998) and Morgan (1997).

Summary of Findings

An overview of the main themes revealed through analysis of the focus group transcripts are summarized in Figure 1:

Figure 1

- College students respond more positively to messages that promote drinking alcohol in *moderation* rather than messages that promote *total abstinence*.
- Many upperclassmen feel freshmen are motivated to drink by different social factors than older students, such as living away from home for the first time, trying to fit in with older peers, and drinking for the "thrill" of getting away with it.
- Most college students would be interested in having written feedback from a healthcare provider participating in the intervention, however, students vary in their opinions of how personalized they would like this feedback to be.
- Incentives are important among college students and should be utilized only after students complete a task, such as a survey or questionnaire.
- Communicating follow-up information to college students is a complex issue based heavily on personal preferences.
- Interventions should be administered prior to holidays and academic events that college students typically associate with heavy drinking (Halloween, New Year's, Homecoming, Spring Break, midterm and final exams week).
- Emphasizing the negative health consequences of heavy alcohol consumption may be an effective strategy in gaining the attention of college students.

The next section provides a more detailed discussion of each of these themes described in Figure 1:

Phrasing of Messages

The majority of participants expressed that the overall idea of these messages were trying to promote a positive outlook to college students by encouraging them not to engage in *heavy* drinking. Most of the students pointed out that they dislike being told not to drink at all, but rather to do so *in moderation* if they choose to drink. "It's not okay to drink heavily" and "Take it easy if you decide to party" were some of the comments expressed by participants when asked about their perceptions of main idea of these messages. It may be assumed from the results of these focus group interviews that campus programs promoting total abstinence of alcohol would not be as effective in appealing to college students.

Differences Between Freshmen and Upperclassmen

Differences appear to exist between the drinking behaviors of freshmen versus upperclassmen (sophomores, juniors and seniors). Many upper classmen feel that freshmen are motivated to drink by different social factors than older students, such as living away from home for the first time, wanting to fit in with older peers, and for the "thrill" of getting away with it because they are under the legal drinking age. Based on the findings from these focus group interviews, it was discovered that that binge drinking prevention interventions addressing social norms and peer-related issues might have a significantly different impact on younger college students than on those in their junior and senior year.

Health Care Provider Intervention

Most of the students in the focus group interviews felt that written feedback from a health care provider would be effective in a binge drinking prevention intervention, however, students varied in their views of how personalized this information should be. While several of the students said they would like to have their own individualized assessment from the health care provider, they also

pointed out that other college students, especially freshmen, may not feel comfortable sharing such personal information about their drinking habits. A few participants also explained that some students would be more likely to lie about their drinking behaviors if the information coming from the health care provider were viewed as too invasive or confrontational.

Most agreed that generalized information from the health care provider would be the most practical and effective approach when dealing with college students. Suggestions included having the health care provider send out height/weight charts with the number of drinks consumed in relation blood alcohol levels for the students to refer to on their own.

Use of Incentives

It was discovered that the use of incentives remained an important component in the binge drinking prevention program. The majority of participants felt that incentives were not appropriate for simply receiving the greeting cards in the mail, but rather to motivate students to complete a task, such as a follow-up survey or questionnaire. The students described similar types of incentives and felt that these incentives should to be received immediately after completion of the survey or quiz. These incentives included money, free food, coupons for free food or CD's, movie passes, and raffle tickets to theme parks. Several of the students felt that monetary incentives should not exceed $5, because they did not think larger amounts were necessary for filling out a short quiz or answering brief follow-up questions over the telephone.

Also, participants were asked if different incentives should be offered from a health care provider versus incentives coming from peers participating in the intervention. It was discovered that students were motivated by the same types of incentives as previously discussed, regardless of who they came from.

Communication Methods

College students varied on their preferences for how they wished to be contacted by a health care provider participating in the intervention. The majority of students felt that if health care providers

were to participate in the program, follow-up contact should be made through mail and written feedback, as the telephone was commonly viewed as too personal and invasive for the topic of heavy drinking. Students also varied in their preferences for how they wanted to be contacted by peers or other members of the TSN program for follow-up information, with a greater number stating a preference for mail contact.

Students acknowledged that barriers exist in communicating information by both telephone and through mail. Busy class and work schedules make it difficult to reach college students at home by telephone, and several also reported relying on devices to screen their phone calls. In the area of written contact, many participants pointed out that students frequently do not read information sent to them and felt that it would be difficult to get all students in the program to carefully read, complete, and mail back follow-up information.

These barriers to communicating follow-up information were further explored and discussed during the focus group sessions. Most students agreed that if telephone contact was very brief (less than 5 minutes) and did not ask personal questions in relation to their own drinking behaviors, more college students would be willing to participate. Overall, it was discovered that communicating follow-up information to college students is a complex issue based on personal preferences and is difficult to generalize. Discussions from these focus groups interviews suggested the possibility of offering students choices for how they prefer to be contacted for follow-up information.

Holidays and Academic Events

Most of the focus group participants agreed that interventions should be implemented prior to holidays and academic events that college students commonly associate with heavy alcohol consumption. Students most frequently expressed Halloween, New Year's Eve, St Patrick's Day, Spring Break, Homecoming, and midterm and final exams week. It was also agreed by most participants that no more than three interventions targeting these holidays and events should be implemented per semester.

Emphasizing the Negative Health Consequences

Finally, the use scare tactics or "shock value" to grab the attention of college students emerged in each of the focus groups as a strategy that should be used in binge drinking prevention programs. Many participants felt that college students need to be informed of the negative health and safety consequences of heavy drinking in addition to promoting the positive aspects of not drinking heavily. Some ideas suggested by students were to describe the negative physical consequences of heavy drinking on athletic performance, the detrimental effects of alcohol on various organs in the body, and interesting statistics on injuries and accidents related to heavy drinking. Due to the fact that the TSN Program was specifically aimed at changing social norms on campus, the topic of using shock value was not further explored. Findings from these focus group interviews revealed that this was an area of interest to college students and could potentially improve the effectiveness of some binge drinking prevention programs.

Limitations of the Study

In this study, several problems were encountered during the recruitment process of subjects for the focus group interviews. Although the one-hour sessions were scheduled on various days and times in effort to accommodate students' class and work schedules, it was still often difficult finding subjects who were able to attend. It was also discovered that setting up appointments for the focus group interviews with students more than a day or two in advance increased the risk of them forgetting to come or canceling due to unanticipated conflicts in their schedules. As a result, convenience sampling methods, including the grab sampling method, were frequently relied on prior to beginning each focus group in order to ensure an adequate number of subjects.

Another limitation of this study was that the majority of focus group participants stated that they were not currently heavy drinkers and were not planning to start. Therefore, it must be recognized that their perceptions about binge drinking may have been significantly different than from students who frequently engaged in this behavior. Although it may have been interesting to compare

responses of focus groups comprised of binge drinking students with those who did not, it would have been difficult to achieve in this study. Personal information regarding the students own drinking habits would have been required up front during the recruitment process, which may have caused some students to feel uncomfortable about participating in the focus group interviews. In addition, due to some of the problems encountered in the recruitment process, it would have been difficult to find equal numbers of students to assign to binge drinking and non-binge drinking focus groups.

Finally, the ability to include freshmen in the focus group interviews was limited due to the fact that such a large number of freshmen students living in campus were subjects in the original TSN survey. Therefore, the majority of participants in these focus groups were upperclassmen in their junior and senior year and findings from this study were based on the perceptions about the binge drinking messages from these older students. It is important to acknowledge that without available focus group data from freshmen, generalizations between the various classes of undergraduate students are limited.

Conclusions

The purpose of these focus groups was to gain insight from undergraduate college students regarding the content and delivery of messages and materials used in a campus program aimed at changing social norms about heavy drinking. Similar to the focus group study by Rapaport et al. (1999), these interviews were conducted quickly on campus in effort to obtain useful information regarding student perceptions and make appropriate modifications in the ongoing binge drinking prevention program.

Other focus group studies have attempted to carefully analyze certain demographic variables, such as differences in the characteristics of binge drinking adolescents in comparison to those who do not. Because of the specific objectives initially developed for these focus group interviews in the

TSN Program, subjects were not recruited based on demographic characteristics, such as ethnicity, age, or drinking behavior.

Discussions from these six focus group interviews revealed several important themes. Phrasing of the intervention messages should promote responsible consumption of alcohol rather than total abstinence. In addition, it was discovered that differences may exist in the drinking behaviors of freshmen versus upperclassmen, and therefore, the impact of binge drinking prevention messages may vary between the classes of undergraduate students.

Feedback from these focus groups also revealed that many college students would be interested in some form of health care provider participation in a binge drinking prevention program. Methods of communicating information to college students were found to be strongly influenced by personal preferences and difficult to generalize. Including the negative health consequences of heavy drinking in prevention interventions was also discovered as an area of interest to many college students.

Recommendations

Findings from these focus group interviews suggest a number of areas for additional research. Future focus groups should explore the social factors that may differ in the drinking behaviors between the various classes of undergraduate students, with focus groups of freshmen for comparison data. Focus groups should also further study the potential effectiveness of promoting the negative health consequences of heavy alcohol consumption in campus interventions. Finally, binge drinking prevention programs should examine the feasibility of offering students choices for methods of communicating follow-up information to better accommodate individual preferences.

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Table 1

Summary of Demographic Information for 6 Focus Group Interviews

Variables	n = 35 Participants	%
Gender		
Males	16	46
Females	19	54
Age		
18-20	7	20
21-24	24	69
25 or older	4	11
Ethnicity		
White	23	65
African American	6	17
Hispanic	2	6
Asian	2	6
Other	2	6
Member of Greek System		
Yes	8	23
No	27	77
Live on Campus		
Yes	9	26
No	26	74
Year in College		
Freshmen	1	3
Sophomore	5	14
Junior	16	46
Senior	12	34
Graduate Student	1	3
Participated in Alcohol Education Programs (over the past year)		
Yes	9	26
No	26	74

Table 2

Summary of Drinking Behavior of Focus Groups

Variable	n = 35	%
Statement Describing Stage of Initiating Heavy Drinking		
Do not drink heavily and not thinking about starting	21	60
Do not drink heavily but thinking about starting	0	0
Do drink heavily sometimes, but not on a regular basis	12	34
Do drink heavily on a regular basis and began within the last 6 months	0	0
Do drink heavily on a regular basis and have done so for more than 6 months	2	6
* **Engaged in Heavy Drinking** (over past 2 weeks)		
0 (none)	25	71
1-2 times	4	11
3-5 times	6	17
6-9 times	0	0
10 or more times	0	0

* heavy drinking was defined as five or more drinks in a row for men and four or more drinks in a row for women.